DALLAS COUNTY
4/25/2018 10:19 PM
16 FELICIA PITRE
DISTRICT CLERK

Case 3:18-cv-01306-G-BT Document 1-6 Filed 05/22/18 Page 1 of 8 PageID 16 1-CIT PCT 1

Marissa Pittman

Cause Number DC-18-05510

Court Number District court

Plaintiff: Jason Patrick Jones

۷s

Dallas Veterans Hospital, VA North Texas Health Care System Dallas, Texas

#### PLANTIFF'S ORIGINAL PETITION

#### DISCOVERY CONTROL PLAN

Plaintiff request a level two discovery plan

#### **PARTIES**

Plaintiff Jason Patrick Jones an individual who resides at Salvation Army 5302 Harry Hines Blvd. Dallas, TX 75219 home address, mailing address is 4848 Lemmon Ave Box 415 Dallas, TX 75219

Defendant Dallas Veteran Hospital, Va North Texas Health System may be served with process by serving its corporations registered address Dallas Veterans Hospital, VA North Texas Health Care System 4500 S Lancaster Rd, Dallas, TX 75216 214-742-8387

#### VENUE

At all-time to the cause of action detailed below, plaintiff and defendant resided in the city of Dallas, county of Dallas, Texas. Furthermore the actions complained of below arose in whole or in part in the city of Dallas, Texas.

#### **FACTUAUL BACKGROUND**

On August 1, 2016 the plantiff Jason Patrick Jones presented to the emergency room at 4500 s. Lancaster Rd, Dallas tx 75216 Dallas Veterans Hospital for a forensic sexaul assault exam to collect evidence following a sexual assault that he was the victim of on 08/01/2016 in Dallas, TX. The plantiff was drugged and raped by a group of people at a night club "lizard Lounge" on Swiss ave in deep ellum dallas. After checking into the emergency and waiting to be seen by an emergency room physician. A man named Robert working in the emergency room notified the plantiff Jason P Jones that they do not do rape kits/sane exams at the dallas VA hospital. The Plantiff was upset about this and did not want a transfer to another facility as he is a veteran and didnt want to have to be seen at another facility or explain what happend again to another person. Robert said that they could not do one there and that Jason Patrick Jones would have to be transfered to Parkland hospital where they have a trained team to perform these exams. Against Jason Patrick Jones wanting he was transfered to another hospital, see exhibit 1 documents from Jason Patrick Jones dallas va health record. The documentation is done by a nurse name amy lester who the plantiff never actually saw in the emergency room. Robert who

the plantiff believed was a nurse was the only one Jason Patrick Jones spoke to. The document shows va police notified, va police notified dallas police to transport the patient to Parkland Hospital. After being in the Dallas Va emergency room for almost over two hours a dallas police officer picked Jason Jones up and transfered him in the back of a marked dallas police car. The Police officer took Jason Jones to Methodist Dallas not to Parkland. Jason thought he was there to see a special team to do his rape kit/sane exam but was never seen by an Emergency room doctor there either and Methodist does not know where the rape kit is at. Dallas police wont respond regarding this issue giving me Jason Jones the officers name that picked me up. I did report the case to the Dallas Police Department Detective Abel Lopez is the investigating officer. See exhibit 2 part of the sane exam documents showing i arrived via dallas police department. All hospital emergency rooms are required to provide sexaul assualt forensic exams passed by Wendy Davis senate bill 1191. Also, the texas health and safety code 323.0045 states that all nurses working in an emergency department of a healthcare facility must have basic evidence collection training.

#### **CAUSE OF ACTION**

Medical-Malpractice

#### **DAMAGES**

As a result of defendants actions complained of in this petition. Plaintiff suffered the following damages. The plaintiff has suffered great irreparable losses since his visit to Dallas VA hospital. He has been unable to work as a surgical tech for a year and a half. He has had multiple psychiatric hospitalizations to include three months at state hospital Wichita falls. The state has found the plaintiff mentally disabled since his psychiatric diagnosis following the negligent sexual assault examination, he lives in great fear of retaliation and other sexual assaults from this same party. There inadequate evidence collection, and lack of documentation, along with delinquent medical test, has allowed the perpetrators to not be prosecuted. The hospital cannot find the rape kit. This has caused great heat ache, pain and suffering, and a disabling mental health status. The plaintiff is suing for 10, 000,000.00 ten million in damages from Dallas Veterans Hospital, VA Health Care System North Texas.

#### APPLICATION FOR TEMPORARY INJUNCTION

The plantiff prays for the court to put a temporary restraining order against Dallas VA employee first name Robert Whittaker in the emergency room department, for breaking his scope of practice as an emergency room triage nurse and transfering me to another hospital without seeing an emergeny room doctor at the Dallas Veterans Hospital. I'm in a work therapy program at the dallas va and report there every day. I can not get the va director Jeffery Milligan to respond or they assistant director, to help with the situation and need court protection.

#### **REMEDIES REQUESTED**

Based on the above plaintiff request the court to award plaintiff the following remedies, Damages for loss of plaintiffs profit and wages because of his inability to work. Pain and suffering from his disabling mental health diagnosis following the lost/ruined sexual assault kit in the amount of 10,000,000.00 ten million for tort medical malpractice

#### PRAYER

Plaintiff prays that defendant be cited to appear and answer the allegations of the allegations contained in this petition, to hopefully find out why I was not seen by an Emergency room doctor and the kit was not done there, and find out why I was not treated with the industry standard of care, and cooperate with instructions for temporary injunction of restraining order. I Jason Jones am in a work therapy program and at the Dallas VA Hospital and report there daily for assignments and in fear of retaliation.

Respectfully Submitted,

Jason Patrick Jones

48 48 10 mmon AVE BOX415 Dallas TX 75219

## **Progress Notes**

Printed On Mar 16, 2018

HOURS WITH FOOD AS NEEDED

ALPRAZOLAM 0.5MG TAB

Sig: TAKE ONE TABLET BY MOUTH TWICE A DAY

AS NEEDED

DEXTROAMPHETAMINE 15MG TR CAP

Sig: TAKE 1 CAPSULE BY MOUTH THREE TIMES A

DAY

Problem List:

Housing lack (SCT 266935003)

Lack of Housing (ICD-9-CM V60.0)

Screening Colonoscopy With Fam Hx Of Colon Ca (ICD-9-CM V76.51)

Family History of Malignant Neoplasm of Gastrointestinal Tract (ICD-9-CM V16.0)

Tobacco Use Disorder (ICD-9-CM 305.1)

Adult attention deficit hyperactivity disorder (SCT 444613000)

TRIAGE:

2 High Risk situation/or confused/lethargic/disoriented/or severe pain/distress

DISPOSITION:

Emergency Department Bed Number:

/es/ Robert W Whitaker I II, RN, BSN

Registered Nurse

Signed: 08/01/2016 19:35

08/01/2016 ADDENDUM

STATUS: COMPLETED

1950 VA police and Wanda, SW notified of assault. Pt informed that he needs to goto Parkland to receive a proper exam. Dallas PD called by VA police and DPD on the way to transport pt to Parkland. pt is homeless and has nop transportation

/es/ AMY LESTER

Registered Nurse

Signed: 08/01/2016 19:55

## **Progress Notes**

Printed On Mar 16, 2018

```
LOCAL TITLE: NUR EMERGENCY DEPT TRIAGE NOTE
STANDARD TITLE: NURSING EMERGENCY DEPT TRIAGE NOTE
DATE OF NOTE: AUG 01, 2016@19:18
                                  ENTRY DATE: AUG 01, 2016@19:18:31
     AUTHOR: WHITAKER, ROBERT W EXP COSIGNER:
    URGENCY:
                                        STATUS: COMPLETED
   *** NUR EMERGENCY DEPT TRIAGE NOTE Has ADDENDA ***
Patient: JONES, JASON PATRICK DOB: |
                                                SS#
Patient stated personal identifiers: Name, SSN , Birth Date
 ARRIVED: Ambulatory
 ARRIVAL MODE: Privately Owned Vehicle
Patient unable to give personal identifiers, so Veteran's identity was verified
by:
 ARRIVED: Ambulatory
 ARRIVAL MODE: Public Transportation
CHIEF COMPLAINT: PT was at nightclub and believes he was "date raped" at a club
Saturday. States when he woke up he had rectal bleeding and chafing. PT
believes he knows the party involved. VAPD/Social Worker notified.
   Onset: dav(s)
   Source of Info: Patient
Vital Signs:
             128/83 (08/01/2016 19:16)
BP:
P:
             77 (08/01/2016 19:16)
R:
             18 (08/01/2016 19:16)
           98% 8/1/16@19:16:56
Pulse Ox:
             97.3 F [36.3 C] (08/01/2016 19:16)
T:
           0 (08/01/2016 19:16)
Pain:
Allergies: Patient has answered NKA
Immunizations:
Immunization
                                  Series Date Facility Reaction Info
INFLUENZA, UNSPECIFIED FORMULATIO* 11/10/2015 Jps
TDAP
                                 В
                                       05/25/2010 FORT WORTH*
Active Meds: Computer is the source for the following medication list:
IBUPROFEN 600MG TAB
                                    Sig: TAKE ONE TABLET BY MOUTH EVERY 8
```

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available) VISTA Electronic Medical Documentation

JONES, JASON PATRICK 6336 KNOLL RIDGE DR DALLAS, TEXAS 75249 Printed at DALLAS VA MEDICAL CENTER

# STEP Case 3:18-cv-01306-G-BT Document 1-6 Filed 05/22/18 SEXUAL ASSAULT FORENSIC

Page 1



Please print legibly. To be filled out with medical information gathered from the patient. Please inform the patient that, should the case go to court, it may be necessary to gather additional evidence at a later time. Fill all spaces with information or N/A.

1			<u> </u>	•	
Name: SONES, JASON		DO		Sex: M	_ Raucasia
Address: howeless				Phone. 10 5	-hone
Patient Brought in by: Dalla S P D		Age	ncy or Relationsl	$\sim$	allos PD
Hospital Number D40099594	7	-	Enforcement Ca		2105-2014
Exam Date: 84-2016	_		inning Time of Ex	`	_ ~
VITAL SIGNS: Time 2341 Temp	8 Puls		3Resp	6 B/	' - + - I-
Known Allergies: N.K.A			·		
Current Medications:					
penetrated, digital penetration or use of foreign of SAA-KS" LUAS AT-ACLU  1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	b. rew  power  Time of Assault:	Nen Nan Nan and N ~ Ol S	ber bei Ring I a a pada DUA- Wis dressed SO Nu Ped Bathed	ng Spranger of Assallar Showere	wed interface the ground woman n my rectur kettis en mass kettis e
				4	,
At time of assault, was:	<u> </u>				
Contraceptive foam or spermicide present?	· J Yes	⊠, νο <del>Π νο</del>	Unknown  Unknown		
What kind?	□ Tes	Ø 140	- <del></del>		
Condom used by assailant?		Æ No	S Unknown		
Tampon present during assault?			Linknown		
Patient menstruating?		} <del>□</del> -10	- Unknown		
Assailant injured during assault?	- <del>-   Y</del> es	W DX	☐ Unknown		
If known, where?					
Was there penetration?	Oral) Pr	Ti rema	e Sexual Organ	Anus	- Unknown
Did ejaculation occur?	Oral	<del>-Fernal</del>	e Sexual Organ	Amus	Unknown
	Other (s	pecify)			
At time of exam, was tampon present?	U Yes /A	+ □ No			
Menstruation at time of exam?	□ <b>/</b> PeJ / p				
When was the patient's most recent sexual co	ntact with a ma	le up to o	ne week prior to	the assault?/	deriés
Race of that individual:		,		<b></b>	
If the response is less than 48 hours, infor	m the patient of	the possi	bility that blood	and fluid same	oles may be requested
from that individual at a later time.	panerr or		_		A-8204
			417<	$\mathcal{U}$	1-X MV>

SIGNATURE OF EXAMINER

## STEP 136 3:18-cv-01306-GARTHORIZATION FOR EXAMINATION ARIPPAYMENT

I hereby authorize MeAu odist Day		_ to perform a sexual assault examination and	
request payment for this forensic evidence examination from	the law efflorcemen	nt jurisdiction to which the chine was reported.	
JONES JASON PRINTED NAME OF PATIENT	DATE OF EXAMI	1-2016 MINATION	_
184800-2016 CASE#			
NOTE: Once form is signed, it should be sent to the law enfor	rcement jurisdiction t	for authorization of payment.	
Dallas PD LAW ENFORCEMENT AGENCY	DATE	TIME	_
AUTHORIZED SIGNATURE OF LAW ENFORCEMENT OFFICIAL			
PRINTED NAME OF LAW ENFORCEMENT OFFICIAL			

JONES, JASON DU00995947/DA0128800737 40/M 08/01/1

NOTE: Please return this form to the hospital within 10 days. Texas Civil Statute Article 44471 requires that law enforcement agencies pay for evidence collection examinations in the case of reported sexual assault.



DU00995947/DA0128800737



### NE NURSING FLOW SHEET/CHARGE SHEET

ME MONSING FLOW STILL IN	CHARGE SHEET		L			
ghts of the Patient (TX.323.005), the	Role of Sexual Assault	Nurse Examiner and the	SAFE Team e	xplained to patient		
aned Authorization/Consent for Medic	cal Forensic Examination	n obtained.				
om Cleaning Log Completed	<u>-</u>			<u>-</u>		
porting SA	Case Number	4800-201	<i>l</i>			
w Enforcement notified	Agency Dala	S'PD Office	er:			
lice not notified at the request of the p	patient, NO blood or uri	ne, Only collect undergar	rments unless o	compelling reason to collect other		
n-Reporting SA, complete DPS par	perwork	Unique Identifier: N	IRSAMHD			
rson(s) in room during exam	Advocate Name	m	□Student Nan	ne		
ood Drawn, Site:	water	1 onlyable	toact	I grey tube ( del		
ine Collected	⊡No Reason:		0			
egnancy Test:NA oUrine of	Serum	Results:	□Positive □N	legative		
oto documentation Completed with	book mark end	□ if Not- why? □ Patient Refu				
ogentital exam with photo docume	ntation	□if Not- why?	□ Patient Refu	sed   Not indicated		
edical/Forensic evidence collected,	as indicated by history	& assessment.	□ if Not-why?			
ram extensive in length, reason				_		
Physician: consulted initially & upda	ited after assessment,	EDMD's Name(s):	aster			
egnancy prophylaxis discussed:			-	Declined by patient		
est Exposure STI prophylaxis discussed:		A Primary physician notified of order		Declined by patient		
V/AIDS Referral to local resource for	testing and treatment			<u> </u>		
tient History reveals return to home is		□Patient History reveals	safety plan nee	eded prior to discharge		
ind-off report by SANE to ED Primary	Care RN Name:	oshaun				
	case number					
dence Disposition:						
aced in Secured Lock Box and logged				i		
ck all that apply>6Sealed SA Kit) Se		Clothing Bag (s) #	Oral wash, Ma	arked on front of SA Kit		
CPT Code	<u>Des</u>	Description		Charge		
>=: Rev Code 450 or 760	Facili	Facility Charge		\$250.00		
7=57452	SA Exam with o	ligital Photography	\$250			
□99283	SA Exam without	digital Photography	\$200			
n81025	Pregn	ancy Test	\$6.00			
¹ □81001	Urinalys	sis (MDMC)	\$9.00			
. □80101	Drug or Alcoh	Drug or Alcohol screen (MDMC)		\$44.00		
>599000	Lab Specimen handling		\$20.00			
>036415	Venipuncture		\$20.00			
	Anogenital exam utilizing digital		****			
<u>□</u> 99199	photography  Final continuo and thomas		\$100			
<b>□99499</b>	Evaluation Fee (requires additional documenation)		\$106/hr			
Medical Services		after hours (holiday,		-		
		Saturday, Sunday)		\$50		
>≈99053	Medical Services- between 10 pm and 8 am at 24 hour facility		\$50.00			
015 / 99070	Evidence collection kit		Up to \$50.00			
3 99070	Supplies- Toxicology kit		Up to \$100.00			

Feltigen, CA-SAME

:mber 2013 Version

IE'S Printed Name & Credentials: